

STATE OF ALABAMA
OFFICE OF STATE TREASURER
SAFE Division

AUTHORIZED REPRESENTATIVE(S) AND SIGNATURE CERTIFICATION

The undersigned officer/official of _____

(Name of Depository)

hereby certifies that the person(s) named below are duly empowered and authorized by the Board of Directors to represent and act on behalf of this Depository in any and all matters in the SAFE Program, including the completion of required SAFE reports, the issuance of instructions and the authority to enter into agreements/contracts with the State Treasurer concerning all cash and security transactions on behalf of this Depository. Once filed, the Treasurer shall accept **any one** of the following signatures for these purposes until countermanded in writing or superseded by a new certification.

Signature

Name and Title

Phone and e-mail

Signature

Name and Title

Phone and e-mail

Signature

Name and Title

Phone and e-mail

Signature

Name and Title

Phone and e-mail

I, _____, Secretary to the Board of Directors of _____ do hereby affirm that this Certification has been formally approved by the Board of Directors at a meeting held on _____ day of _____, 20____.

(Seal)

Secretary to the Board of Directors